

24

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF MICHIGAN

Glenn V. Childs

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

v.

Guardian Guard Service Inc

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Case: 2:17-cv-10984
Judge: Cox, Sean F.
MJ: Majzoub, Mona K.
Filed: 03-28-2017 At 03:53 PM
CMP CHILDS V GUARDIAN GUARD SERVICE
INC (BG)

(to be filled in by the Clerk's Office)

Jury Trial: ☐ Yes ☐ No
(check one)

Complaint for Employment Discrimination

MIED ProSe 1 (Rev 5/16) Complaint for a Civil Case

I. The Parties to This Complaint**A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	<u>Glenn Childs</u>
Street Address	<u>10758 Somerset</u>
City and County	<u>Dearborn Wayne County</u>
State and Zip Code	<u>Mich 48224</u>
Telephone Number	<u>313 682-4375</u>
E-mail Address	<u>ChildsGlenn56@yahoo.com</u>

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Defendant No. 1

Name	<u>Guardian Guard Service Inc</u>
Job or Title (if known)	<u>Former Employer</u>
Street Address	<u>20800 Southfield Rd</u>
City and County	<u>Southfield Oakland County</u>
State and Zip Code	<u>Mich 48075</u>
Telephone Number	<u>800 - 782 - 9688</u>
E-mail Address (if known)	<u>N/A</u>

Defendant No. 2

Name	<u>Butzel Long Attorneys Brett J. Miller CP68612</u>
Job or Title (if known)	<u>Attorneys For Defendant #1.</u>
Street Address	<u>150 West Jefferson</u>
City and County	<u>Dearborn Wayne County</u>
State and Zip Code	<u>Mich 48226</u>
Telephone Number	<u>313 225-7034</u>
E-mail Address (if known)	<u>MillerBR@butzel.com</u>

MIED ProSe 1 (Rev 5/16) Complaint for a Civil Case

Defendant No. 3

Name _____

Job or Title _____

(if known) _____

Street Address _____

City and County _____

State and Zip Code _____

Telephone Number _____

E-mail Address _____

(if known) _____

Defendant No. 4

Name _____

Job or Title _____

(if known) _____

Street Address _____

City and County _____

State and Zip Code _____

Telephone Number _____

E-mail Address _____

(if known) _____

II. Basis for Jurisdiction

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000 is a diversity of citizenship case. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal court jurisdiction? *(check all that apply)*

☐ Federal question

☒ Diversity of citizenship

Fill out the paragraphs in this section that apply to this case.

II. Basis for Jurisdiction

This action is brought for discrimination in employment pursuant to *(check all that apply)*:

- ☐ Title VII of the Civil Rights Act of 1964, as codified, 42 U.S.C. §§ 2000e to 2000e-17 (race, color, gender, religion, national origin).

(Note: In order to bring suit in federal district court under Title VII, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)

- ☐ Age Discrimination in Employment Act of 1967, as codified, 29 U.S.C. §§ 621 to 634.

(Note: In order to bring suit in federal district court under the Age Discrimination in Employment Act, you must first file a charge with the Equal Employment Opportunity Commission.)

- ☒ Americans with Disabilities Act of 1990, as codified, 42 U.S.C. §§ 12112 to 12117.

(Note: In order to bring suit in federal district court under the Americans with Disabilities Act, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)

- ☒ Other federal law (specify the federal law):
 GENETIC INFORMATION NON DISCRIMINATION ACT
 OF 2008. UNLAWFUL INTENTIONAL DISCRIMINATION
 42 U.S.C. § 2000e-5 VIOLATION OF SECTION
 102 (b) (5)

- ☒ Relevant state law (specify, if known):
 INTENTIONAL INFLICTION OF EMOTIONAL DISTRESS
 BREACH OF FIDUCIARY DUTY

- ☐ Relevant city or county law (specify, if known):

III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

A. The discriminatory conduct of which I complain in this action includes (*check all that apply*):

- ☐ Failure to hire me.
- ☒ Termination of my employment.
- ☐ Failure to promote me.
- ☒ Failure to accommodate my disability.
- ☒ Unequal terms and conditions of my employment.
- ☒ Retaliation.
- ☐ Other acts (*specify*):

(*Note: Only those grounds raised in the charge filed with the Equal Employment Opportunity Commission can be considered by the federal district court under the federal employment discrimination statutes.*)

B. It is my best recollection that the alleged discriminatory acts occurred on date(s)

1-2-16 70 2-13-16

C. I believe that defendant(s) (*check one*):

- ☒ is/are still committing these acts against me.
- ☐ is/are not still committing these acts against me.

D. Defendant(s) discriminated against me based on my (*check all that apply and explain*):

- ☐ race _____
- ☐ color _____
- ☐ gender/sex _____
- ☐ religion _____
- ☐ national origin _____
- ☐ age. My year of birth is _____. (*Give your year of birth only if you are asserting a claim of age discrimination.*)
- ☒ disability or perceived disability (*specify disability*)

(all) off work due To Chest + Arm Pain

E. The facts of my case are as follows. Attach additional pages if needed.

See intake QUESTIONNAIRE
ATTACHED PAGES

(Note: As additional support for the facts of your claim, you may attach to this complaint a copy of your charge filed with the Equal Employment Opportunity Commission, or the charge filed with the relevant state or city human rights division.)



U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION INTAKE QUESTIONNAIRE

Please immediately complete this entire form and return it to the U.S. Equal Employment Opportunity Commission ("EEOC"). **REMEMBER**, a charge of employment discrimination must be filed within the time limits imposed by law, within 180 days or in some places within 300 days of the alleged discrimination. When we receive this form, we will review it to determine EEOC coverage. Answer all questions completely, and attach additional pages if needed to complete your responses. If you do not know the answer to a question, answer by stating "not known." If a question is not applicable, write "N/A." (PLEASE PRINT)

1. Personal Information

Last Name: Childs First Name: Glenn MI: ✓
 Street or Mailing Address: 10758 Somerset Apt or Unit #: _____
 City: DETROIT County: Wayne State: MICH Zip: 48224
 Phone Numbers: Home: (313) 948-1777 Work: (____) _____
 Cell: (____) _____ Email Address: GlennChilds45@gmail.com
 Date of Birth: 2-5-59 Sex: ☒ Male ☐ Female Do You Have a Disability? ☐ Yes ☒ No

Please answer each of the next three questions. i. Are you Hispanic or Latino? ☐ Yes ☐ No

ii. What is your Race? Please choose all that apply. ☐ American Indian or Alaskan Native ☐ Asian ☐ White
☒ Black or African American ☐ Native Hawaiian or Other Pacific Islander

iii. What is your National Origin (country of origin or ancestry)? _____

Please Provide The Name Of A Person We Can Contact If We Are Unable To Reach You:

Name: CARIE SETTLE Relationship: MOTHER
 Address: 10758 Somerset City: DETROIT State: MICH Zip Code: 48224
 Home Phone: (313) 417-0913 Other Phone: (____) _____

2. I believe that I was discriminated against by the following organization(s): (Check those that apply)

☒ Employer ☐ Union ☐ Employment Agency ☐ Other (Please Specify) _____

Organization Contact Information (If the organization is an employer, provide the address where you actually worked. If you work from home, check here ☐ and provide the address of the office to which you reported.) If more than one employer is involved, attach additional sheets.

Organization Name: Guardian Guard Service
 Address: 20860 Southfield Rd County: OAKLAND
 City: Southfield State: MI Zip: 48075 Phone: (248) 33-1320
 Type of Business: Guard Service Job Location if different from Org. Address: 18000 W 8 Mile
 Human Resources Director or Owner Name: ALAN ROBERTSON Phone: (____) _____

Number of Employees in the Organization at All Locations: Please Check (✓) One

☐ Fewer Than 15 ☐ 15 - 100 ☐ 101 - 200 ☐ 201 - 500 ☒ More than 500

3. Your Employment Data (Complete as many items as you are able.) Are you a federal employee? ☐ Yes ☐ No

Date Hired: 9-17-13 Job Title At Hire: SECURITY OFFICER

Pay Rate When Hired: \$9.00 Last or Current Pay Rate: \$9.00

Job Title at Time of Alleged Discrimination: SECURITY OFFICER Date Quit/Discharged: 2-13-16 2-12-1

Name and Title of Immediate Supervisor: Lawrence Batash

If Job Applicant, Date You Applied for Job _____ Job Title Applied For _____

Of the persons in the same or similar situation as you, who was treated worse than you?

Full Name Race, Sex, Age, National Origin, Religion or Disability Job Title Description of Treatment

A. _____

B. _____

Of the persons in the same or similar situation as you, who was treated the same as you?

Full Name Race, Sex, Age, National Origin, Religion or Disability Job Title Description of Treatment

A. _____

B. _____

Answer questions 9-12 only if you are claiming discrimination based on disability. If not, skip to question 13. Please tell us if you have more than one disability. Please add additional pages if needed.

9. Please check all that apply:

- ☐ Yes, I have a disability
☐ I do not have a disability now but I did have one
☒ No disability but the organization treats me as if I am disabled

10. What is the disability that you believe is the reason for the adverse action taken against you? Does this disability prevent or limit you from doing anything? (e.g., lifting, sleeping, breathing, walking, caring for yourself, working, etc.).

I DO NOT HAVE ANY DISABILITY
 I simply called off sick

11. Do you use medications, medical equipment or anything else to lessen or eliminate the symptoms of your disability?

☐ Yes ☒ No

If "Yes," what medication, medical equipment or other assistance do you use?

N/A

12. Did you ask your employer for any changes or assistance to do your job because of your disability?

☐ Yes ☒ No

If "Yes," when did you ask? _____ How did you ask (verbally or in writing)? _____

Who did you ask? (Provide full name and job title of person)

Describe the changes or assistance that you asked for: Called in Per Attendance Policy called off due to not feeling well

How did your employer respond to your request? Ask me to go to doctor and get a medical clearance
Employer did not have a Pre Employment Physical Requirement for Employment

The Nature of The sickness I Told him what I was experiencing he then suggested I GO TO THE doctor AT THAT POINT THE DISPATCHER RUDLEY INTERRUPTED THE CONFERENCE CALL AND PULLED ME FROM MY NEXT SCHEDULED SHIFT ON 1-2-16 THE ACCT MYR HUNG UP OR GOT CUT OFF, THE DISPATCHER ARGUED WITH ME AND THE HUNG UP PHONE, I CALLED BACK AND SPOKE TO DISPATCHER AMANDA AND ASK HER TO LET ME SPEAK TO ACCT MYR LAWRENCE BATUSHA INSTEAD I WAS DIRECTED TO HIS VOICE MAIL I LEFT MESSAGE I THOUGHT I WAS BEING TREATED UNFAIRLY DUE TO PAST COMPLAINTS, MY CALL OR WAS WITHIN COMPANY POLICY MORE THEN 4 hrs notice.

G.C. (EQUINEVA VARNER similar incident)
~~inappropriate~~ INPROPER call OFF EQUINEVA VARNER WAS NOT ASKED TO bring A doctor clearance TO work her next scheduled shift she was not TOLD OFR Schedule

ON 1-2-16 I WAS FEELING BETTER AND WENT TO WORK BUT WAS UNABLE TO CLOCK IN I ACTUALLY WOULD BEEN SCHEDULED 12P-2P ON SAT I GOT THERE AT 1155A, I CONTACTED DISPATCH AND SPOKE TO BRIDGET SHE INFORMED ME I WAS REMOVED FROM SCHEDULE PENDING A REQUESTED DR clearance BY DISPATCH ON 12-31-15 ^{G.C.} BUT I WAS SCHEDULED FOR WORK ON 1-4-16 WITH NO RESTRICTIONS,

Sharon Childs
 9-22-16

On 1-4-16 I received a voice message from
 Gurnham Acct mgr Lawrence Bates he saying, he
 just had a meeting with HR and as to the
 symptoms I gave him on the phone during
 my call off the Employer would need something
 in writing from a doctor that everything is
 fine with me or the Employer could not work
 me even if I felt 100% ok now I
 would still need something in writing from
 a doctor so I was being pulled from my
 1-4-16 & 1-5-16 schedule immediately and if
 I got something to him on 1-5-16 I could
 be put back on the schedule on 1-6-16
 if not I could not be put back on the schedule
 I made a attempt to communicate by
 trying to grieve the actions of Acct mgr
 thru the company's Administrative Review
 Grievance Policy I II III IV V VI
 by faxing HR Generalist Deanna Tucker and
 asking for contact & info & names of chain
 of command officers I was ignored.

Glen Child
 9-28-16

ON 1-11-16 I Renewed my Claim C405
6286-0 AND SOON AFTER BEGIN COLLECTING
UIA BENEFITS AT 200.00 A WEEK.

EMPLOYER MADE A FALSE CLAIM THAT I
WAS ON A APPROVED LEAVE OF ABSENCE
FROM 12-31-15 TO 2-12-16. THIS WAS DENIED
AND APPEALED AND WENT TO A HEARING
WHERE IT WAS DECIDED I WAS NOT ON
A LEAVE OF ABSENCE AND

ON 1-26-16 THE EMPLOYER SENT A LETTER
THREATENING TERMINATION IF I DON'T GIVE
THEN DOCUMENTATION REGARDING ILLNESS. I RESPONDED WITH
IN A SECOND UIA HEARING EMPLOYER CLAIMED
I VOLUNTARILY QUIT ON 2-13-16 FOR PERSONAL
REASONS. IN A PREVIOUS CHARGE AGAINST EMPLOYER
MDCR # 469213 EMPLOYER STATED I VOLUNTARILY QUIT
ON 2-12-16 FOR PERSONAL REASON, HOWEVER I
BELIEVE I WAS TERMINATED WRONGFULLY
DISCHARGE IN VIOLATION OF AMERICAN DISABILITY
ACT & GENETIC INFORMATION FOR NOT
PROVIDING TEST INFORMATION. THE EMPLOYER
MADE STATEMENTS IN UIA HEARINGS & MDCR
469213 THAT THEY BELIEVED I HAD A
DISEASE WHICH I DON'T HAVE.

John Childs
SEPT 22 2016

IV. Exhaustion of Federal Administrative Remedies

- A. It is my best recollection that I filed a charge with the Equal Employment Opportunity Commission or my Equal Employment Opportunity counselor regarding the defendant's alleged discriminatory conduct on (date)

9-28-16 & 10-3-16

- B. The Equal Employment Opportunity Commission (check one):

- ☐ has not issued a Notice of Right to Sue letter.
☒ issued a Notice of Right to Sue letter, which I received on (date)

12-28-16

(Note: Attach a copy of the Notice of Right to Sue letter from the Equal Employment Opportunity Commission to this complaint.)

- C. Only litigants alleging age discrimination must answer this question.

Since filing my charge of age discrimination with the Equal Employment Opportunity Commission regarding the defendant's alleged discriminatory conduct (check one):

- ☐ 60 days or more have elapsed.
☐ less than 60 days have elapsed.

V. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages. Attach additional pages if needed.

Compensation of Damages, intentional discrimination
Punitive → in violation of Section
102(b)(5) 42 U.S.C. § 12117. 300,000
500 or more Employees

VI. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: March 28, 2017.

Signature of Plaintiff Glen Childs
Printed Name of Plaintiff Glen Childs

DISMISSAL AND NOTICE OF RIGHTS

To: Glenn V. Childs
10758 Somerset Street
Detroit, MI 48224

From: Detroit Field Office
477 Michigan Avenue
Room 865
Detroit, MI 48226



On behalf of person(s) aggrieved whose identity is
CONFIDENTIAL (29 CFR §1601.7(a))

EEOC Charge No.

EEOC Representative

Telephone No.

471-2017-00162

Doritha R. Brown,
Investigator

(313) 226-4618

THE EEOC IS CLOSING ITS FILE ON THIS CHARGE FOR THE FOLLOWING REASON:



The facts alleged in the charge fail to state a claim under any of the statutes enforced by the EEOC.



Your allegations did not involve a disability as defined by the Americans With Disabilities Act.



The Respondent employs less than the required number of employees or is not otherwise covered by the statutes.



Your charge was not timely filed with EEOC; in other words, you waited too long after the date(s) of the alleged discrimination to file your charge.



The EEOC issues the following determination: Based upon its investigation, the EEOC is unable to conclude that the information obtained establishes violations of the statutes. This does not certify that the respondent is in compliance with the statutes. No finding is made as to any other issues that might be construed as having been raised by this charge.



The EEOC has adopted the findings of the state or local fair employment practices agency that investigated this charge.



Other (briefly state)

- NOTICE OF SUIT RIGHTS -

(See the additional information attached to this form.)

Title VII, the Americans with Disabilities Act, the Genetic Information Nondiscrimination Act, or the Age Discrimination in Employment Act: This will be the only notice of dismissal and of your right to sue that we will send you. You may file a lawsuit against the respondent(s) under federal law based on this charge in federal or state court. Your lawsuit **must be filed WITHIN 90 DAYS of your receipt of this notice**, or your right to sue based on this charge will be lost. (The time limit for filing suit based on a claim under state law may be different.)

Equal Pay Act (EPA): EPA suits must be filed in federal or state court within 2 years (3 years for willful violations) of the alleged EPA underpayment. This means that **backpay due for any violations that occurred more than 2 years (3 years) before you file suit may not be collectible.**

Enclosures(s)

On behalf of the Commission

Michelle F. Eisele,
District Director

(Date Mailed)

cc:

Deanna Tucker
Human Resources
GUARDIAN GUARD SERVICES
20800 Southfield Road
Southfield, MI 48075

Additional Information:

See Employer note Attached
JANUARY 26 2016
REGISTERED CERTIFIED LETTER
RETURN RECEIPT, FAX
TO EEOC WITH SIGNED Charge 12-7-16



GUARDIAN

ALARM • GUARD • MEDICAL MONITORING

January 26, 2016

Dear Mr. Childs

During a conversation with your account manager Lawrence Batarseh on 12/31/2015 you were instructed to bring in documentation regarding a illness due to calling off for your shift at Harbours Apartments. To date we have not received this documentation and will need for you to contact your account manager Lawrence Batarseh by February 12, 2016 regarding your employment status with Guardian Guard Services. Account manager Lawrence Batarseh can be reached at the following number at the Guardian Guard Services main branch office in Southfield. 248-233-1507. If for some reason we do not hear from you at the end of the business day on the above date we will be forced to take further steps to terminated your employment with Guardian Guard Services, i.e. voluntary resignation.

Sincerely,

Guardian Guard Services
Human Resources

SERVING THE UNITED STATES AND CANADA SINCE 1930
Corporate HQ: 20800 Southfield Road Southfield, MI 48075

www.guardianguardservices.com 1-800-782-9684

TRANSMISSION VERIFICATION REPORT

TIME : 12/07/2016 10:42
NAME : FEDEX OFFICE 0484
FAX : 313--885-9925
TEL :
SER. # : U63314H4J767980

DATE, TIME	12/07 10:41
FAX NO./NAME	13132264612
DURATION	00:00:40
PAGE(S)	02
RESULT	OK
MODE	STANDARD
	ECM

U.S. Postal Service

CERTIFIED MAIL RECEIPT

Domestic Mail Only

For use only with mailpieces that require a receipt and a return address

OFFICIAL USE

Certified Mail Fee \$3.30

Extra Services & Fees (check box and fee)

☐ Return Receipt (hardcopy) \$2.70☐ Return Receipt (electronic) \$0.00☐ Certified Mail Restricted Delivery \$0.00☐ Adult Signature Required \$0.00☐ Adult Signature Restricted Delivery \$0.00

Postage \$0.47

Total Postage and Fees \$3.77

Sent To EEOC Patrick V Montgomery Bldg

Room 865

477 Mich Ave

Detroit Mich 48224

PS Form 3800, Apr. 2013 PSN 7530-02-000-9053

See Reverse for Instructions



512052-92204

- Complete items 1, 2, and 3
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

EEOC
 Patrick V Montgomery
 477 Mich Ave
 Detroit Mich 48224
 Room 865



9590 9402 2143 6193 8824 12

2. Article Number (Transfer from service label)

7016 1970 0000 7109 0129

PS Form 3811, July 2015 PSN 7530-02-000-9053

A. Signature

☒ Agent
☐ Address

B. Received by (Printed Name)

EEOC

C. Date of Delivery

10-3-10

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Registered Mail
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation
- ☐ Signature Confirmation Restricted Delivery
- ☐ Priority Mail Express

Domestic Return Receipt



U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION
Detroit Field Office

477 Michigan Avenue, Room 865
Detroit, MI 48226
Detroit Direct Dial: (313) 226-4600
FAX (313) 226-4612
Website: www.eeoc.gov

November 22, 2016

Mr. Glenn Childs
10758 Somerset Street
Detroit MI 48224

Hello Mr. Childs:

as you requested when we spoke earlier today on 11/22/16 here is a copy of the charge that Investigator Brown drafted for you revised to reflect your wish to include the Genetic Information Non-Discrimination Act of 2008, if further revisions are needed please contact me at (313)226-2006 to discuss them.

Sincerely,

Justin Leone

Justin Leone



Fax Cover Sheet

Date 12-7-16

Number of pages 2 (including cover page)

To:

Name JUSTINE LEONE

Company EEUC

Telephone 313 226-2006

Fax 313 226-4612

From:

Name Glenn Childs

Company 10758 Samaset
DETROIT MI 48224

Telephone 313 682-4375

Comments MR LEONE IS THIS OK YOU STATED I
did NOT need A rising so I don't have to stay
ON THE NIGHT IF NOT PLEASE email and I will
SEND ANOTHER FAX I made changes And included AS instructed



7 90363 00711 1

Fax - Local Send



7 90363 00714 2

Fax - Domestic Send



7 90363 00720 3

Fax - International Send

fedex.com 1.800.GoFedEx 1.800.463.3339

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0017745PM

EEOC Form 5 (11/09)

CHARGE OF DISCRIMINATION This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.		Charge Presented To: Agency(ies) Charge No(s): <input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC 471-2017-00162	
Michigan Department Of Civil Rights and EEOC State or local Agency, if any			
Name (indicate Mr., Ms., Mrs.) Mr. Glenn V. Childs		Home Phone (Incl. Area Code) (313) 682-4375	
Date of Birth 02-05-1959			
Street Address City, State and ZIP Code 10758 Somerset Street, Detroit, MI 48224			
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)			
Name GUARDIAN GUARD SERVICES		No. Employees, Members 500 or More	
Phone No. (Include Area Code) 248-233-1526 (800) 782-9688 G.C.			
Street Address City, State and ZIP Code 20800 Southfield Road, Southfield, MI 48075			
Name		No. Employees, Members	
Phone No. (Include Area Code)			
Street Address City, State and ZIP Code			
DISCRIMINATION BASED ON (Check appropriate box(es).) <input type="checkbox"/> RACE <input type="checkbox"/> COLOR <input type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> NATIONAL ORIGIN <input checked="" type="checkbox"/> RETALIATION <input type="checkbox"/> AGE <input checked="" type="checkbox"/> DISABILITY <input checked="" type="checkbox"/> GENETIC INFORMATION <input type="checkbox"/> OTHER (Specify)		DATE(S) DISCRIMINATION TOOK PLACE Earliest Latest 02-13-2016 02-13-2016 <input checked="" type="checkbox"/> CONTINUING ACTION	
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)): I began working for the above-named employer on 09-17-13 and the last position held was Security Officer. During a conversation with the above named employer the respondent made a request for information that could lead the diagnosis of a disability. On December 21, 2015, I believe the employer regarded me as disabled by sending me home and removing me from the schedule. The employer then demanded that I submit medical clearance before I could return to work. February 13, 2016, the employer terminated me alleging that I quit because I did not provide medical documentation. G.C. I believe I have been discriminated against by being removed from the schedule and terminated due to my, disability, genetic information, and in retaliation for engaging in a protected activity, in violation of Title I of the Americans with Disabilities Act of 1990, as amended and the Genetic Information Non-Discrimination Act of 2008, as amended.			
I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.		NOTARY - When necessary for State and Local Agency Requirements	
I declare under penalty of perjury that the above is true and correct.		I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT X SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year)	
Date X 12-7-16		Charging Party Signature X [Signature]	

JS 44 (Rev. 08/16)

CIVIL COVER SHEET

County in which action arose: Wayne

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

I. (a) PLAINTIFFS

Glewn v. Childs

(b) County of Residence of First Listed Plaintiff

(EXCEPT IN U.S. PLAINTIFF CASES)

(c) Attorneys (Firm Name, Address, and Telephone Number)

Wayne

DEFENDANTS

Guardian Guard Service Inc

County of Residence of First Listed Defendant

(IN U.S. PLAINTIFF CASES ONLY)

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED.

Attorneys (If Known)

BUTCEL LONG Attorney F'm
BRETT J. MILLER
P68612

II. BASIS OF JURISDICTION (Place an "X" in One Box Only)

☐ 1 U.S. Government Plaintiff☐ 3 Federal Question
(U.S. Government Not a Party)☐ 2 U.S. Government Defendant☒ 4 Diversity
(Indicate Citizenship of Parties in Item III)

III. CITIZENSHIP OF PRINCIPAL PARTIES (Place an "X" in One Box for Plaintiff and One Box for Defendant)

	PTF	DEF		PTF	DEF
Citizen of This State	<input type="checkbox"/> 1	<input type="checkbox"/> 1	Incorporated or Principal Place of Business in This State	<input type="checkbox"/> 4	<input checked="" type="checkbox"/> 4
Citizen of Another State	<input type="checkbox"/> 2	<input type="checkbox"/> 2	Incorporated and Principal Place of Business in Another State	<input type="checkbox"/> 5	<input type="checkbox"/> 5
Citizen or Subject of a Foreign Country	<input type="checkbox"/> 3	<input type="checkbox"/> 3	Foreign Nation	<input type="checkbox"/> 6	<input type="checkbox"/> 6

IV. NATURE OF SUIT (Place an "X" in One Box Only)

Click here for: Nature of Suit Code Descriptions.

<input type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Miller Act <input type="checkbox"/> 140 Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excludes Veterans) <input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits <input type="checkbox"/> 160 Stockholders' Suits <input type="checkbox"/> 190 Other Contract <input type="checkbox"/> 195 Contract Product Liability <input type="checkbox"/> 196 Franchise	PERSONAL INJURY <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input type="checkbox"/> 360 Other Personal Injury <input type="checkbox"/> 362 Personal Injury - Medical Malpractice	PERSONAL INJURY <input type="checkbox"/> 365 Personal Injury - Product Liability <input type="checkbox"/> 367 Health Care/Pharmaceutical Personal Injury Product Liability <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability PERSONAL PROPERTY <input type="checkbox"/> 370 Other Fraud <input type="checkbox"/> 371 Truth in Lending <input type="checkbox"/> 380 Other Personal Property Damage <input type="checkbox"/> 385 Property Damage Product Liability	<input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881 <input type="checkbox"/> 690 Other	<input type="checkbox"/> 422 Appeal 28 USC 158 <input type="checkbox"/> 423 Withdrawal 28 USC 157 PROFESSIONAL FEES <input type="checkbox"/> 820 Copyrights <input type="checkbox"/> 830 Patent <input type="checkbox"/> 840 Trademark	<input type="checkbox"/> 375 False Claims Act <input type="checkbox"/> 376 Qui Tam (31 USC 3729(a)) <input type="checkbox"/> 400 State Reapportionment <input type="checkbox"/> 410 Antitrust <input type="checkbox"/> 430 Banks and Banking <input type="checkbox"/> 450 Commerce <input type="checkbox"/> 460 Deportation <input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations <input type="checkbox"/> 480 Consumer Credit <input type="checkbox"/> 490 Cable/Sat TV <input type="checkbox"/> 850 Securities/Commodities/Exchange <input type="checkbox"/> 890 Other Statutory Actions <input type="checkbox"/> 891 Agricultural Acts <input type="checkbox"/> 893 Environmental Matters <input type="checkbox"/> 895 Freedom of Information Act <input type="checkbox"/> 896 Arbitration <input type="checkbox"/> 899 Administrative Procedure Act/Review or Appeal of Agency Decision <input type="checkbox"/> 950 Constitutionality of State Statutes
REAL PROPERTY <input type="checkbox"/> 210 Land Condemnation <input type="checkbox"/> 220 Foreclosure <input type="checkbox"/> 230 Rent Lease & Ejectment <input type="checkbox"/> 240 Torts to Land <input type="checkbox"/> 245 Tort Product Liability <input type="checkbox"/> 290 All Other Real Property	CIVIL RIGHTS <input type="checkbox"/> 440 Other Civil Rights <input type="checkbox"/> 441 Voting <input type="checkbox"/> 442 Employment <input type="checkbox"/> 443 Housing/Accommodations <input type="checkbox"/> 445 Amer. w/Disabilities - Employment <input checked="" type="checkbox"/> 446 Amer. w/Disabilities - Other <input type="checkbox"/> 448 Education	PERSONAL PETITIONS Habeas Corpus: <input type="checkbox"/> 463 Alien Detainee <input type="checkbox"/> 510 Motions to Vacate Sentence <input type="checkbox"/> 530 General <input type="checkbox"/> 535 Death Penalty Other: <input type="checkbox"/> 540 Mandamus & Other <input type="checkbox"/> 550 Civil Rights <input type="checkbox"/> 555 Prison Condition <input type="checkbox"/> 560 Civil Detainee - Conditions of Confinement	LABOR <input type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 720 Labor/Management Relations <input type="checkbox"/> 740 Railway Labor Act <input type="checkbox"/> 751 Family and Medical Leave Act <input type="checkbox"/> 790 Other Labor Litigation <input type="checkbox"/> 791 Employee Retirement Income Security Act	SOCIAL SECURITY <input type="checkbox"/> 861 HIA (1395ff) <input type="checkbox"/> 862 Black Lung (923) <input type="checkbox"/> 863 DIWC/DIWW (405(g)) <input type="checkbox"/> 864 SSID Title XVI <input type="checkbox"/> 865 RSI (405(g))	FEDERAL TAX SUITS <input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant) <input type="checkbox"/> 871 IRS—Third Party 26 USC 7609

V. ORIGIN (Place an "X" in One Box Only)

<input type="checkbox"/> 1 Original Proceeding	<input type="checkbox"/> 2 Removed from State Court	<input type="checkbox"/> 3 Remanded from Appellate Court	<input type="checkbox"/> 4 Reinstated or Reopened	<input type="checkbox"/> 5 Transferred from Another District (specify)	<input type="checkbox"/> 6 Multidistrict Litigation - Transfer	<input type="checkbox"/> 8 Multidistrict Litigation - Direct File
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VI. CAUSE OF ACTION

Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity):

American Disability Act of 1990 42 USC 12112 to 12117

Brief description of cause:

Wrongful Termination of employment ADA & Genetic Information

VII. REQUESTED IN COMPLAINT:

☐ CHECK IF THIS IS A CLASS ACTION UNDER RULE 23, F.R.Cv.P.

DEMAND \$

300,000

CHECK YES only if demanded in complaint:

JURY DEMAND: ☒ Yes ☐ No

VIII. RELATED CASE(S) IF ANY

(See instructions):

JUDGE

Gershwin A. Drain

DOCKET NUMBER

2:16-cv-14167

DATE

October 18, 2016

SIGNATURE OF ATTORNEY OF RECORD:

Glewn Childs

FOR OFFICE USE ONLY

RECEIPT #

AMOUNT

APPLYING IFP

JUDGE

MAG. JUDGE

PURSUANT TO LOCAL RULE 83.11

1. Is this a case that has been previously dismissed?

☐ Yes

☒ No

If yes, give the following information:

Court: _____

Case No.: _____

Judge: _____

2. Other than stated above, are there any pending or previously discontinued or dismissed companion cases in this or any other court, including state court? (Companion cases are matters in which it appears substantially similar evidence will be offered or the same or related parties are present and the cases arise out of the same transaction or occurrence.)

☒ Yes

☐ No

If yes, give the following information:

Court: UNITED STATES DISTRICT COURT Eastern District
Southern District

Case No.: 2:16-cv-14167

Judge: Hon Gershwin A. Drain
Mag David R. Grand

Notes :

Case is ongoing at this time

New LawsUIT Check List

Instructions: Put a check mark in the box next to each appropriate entry to be sure you have all the required documents.

<input checked="" type="checkbox"/> Two (2) completed Civil Cover Sheets .	Case: 2:17-cv-10984 Judge: Cox, Sean F. MJ. Majzoub, Mona K. Filed: 03-28-2017 At 03:53 PM CMP CHILDS V GUARDIAN GUARD SERVICE INC (BG)
<input checked="" type="checkbox"/> Enter the number of defendants named in your lawsuit in the blank below, add 2 and then enter the total in the blank. <div style="display: flex; align-items: center; justify-content: center;"> <div style="text-align: center; margin-right: 10px;"> <input checked="" type="checkbox"/> 1 <small># of Defendants</small> </div> <div style="text-align: center; margin-right: 10px;"> $+ 2 =$ </div> <div style="text-align: center; margin-right: 10px;"> <input checked="" type="checkbox"/> 3 <small>Total</small> </div> <div style="text-align: center;"> Complaints. </div> </div>	
Received by Clerk: <u>BG</u> Addresses are complete: <u>BG</u>	

<input type="checkbox"/> If any of your defendants are government agencies : Provide two (2) extra copies of the complaint for the U.S. Attorney and the Attorney General.	
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If Paying The Filing Fee:	If Asking That The Filing Fee Be Waived:
<input type="checkbox"/> Current new civil action filing fee is attached. Fees may be paid by check or money order made out to: <p style="text-align: center;"><i>Clerk, U.S. District Court</i></p> Received by Clerk: _____ Receipt #: _____	<input checked="" type="checkbox"/> Two (2) completed Application to Proceed in District Court without Prepaying Fees or Costs forms. Received by Clerk: <u>BG</u>

Select the Method of Service you will employ to notify your defendants:

Service via Summons by Self	Service by U.S. Marshal <small>(Only available if fee is waived)</small>	Service via Waiver of Summons <small>(U.S. Government cannot be a defendant)</small>
<input type="checkbox"/> Two (2) completed summonses for each defendant including each defendant's name and address. Received by Clerk: _____	<input type="checkbox"/> Two (2) completed USM – 285 Forms per defendant, if you are requesting the U.S. Marshal conduct service of your complaint. <input type="checkbox"/> Two (2) completed Request for Service by U.S. Marshal form. Received by Clerk: _____	<input checked="" type="checkbox"/> You need not submit any forms regarding the Waiver of Summons to the Clerk. <u>Once your case has been filed, or the Application to Proceed without Prepaying Fees and Costs has been granted, you will need:</u> <ul style="list-style-type: none"> One (1) Notice of a Lawsuit and Request to Waive Service of a Summons form per defendant. Two (2) Waiver of the Service of Summons forms per defendant. Send these forms along with your filed complaint and a self-addressed stamped envelope to each of your defendants.

Clerk's Office Use Only

Note any deficiencies here: